20'00 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P98000045198 Aug 01, 2000 8:00 am Secretary of State **BLOOM & GROW FLOWER SHOP, INC.** 08-01-2000 90006 006 ***150.00 Principal Place of Business Mailing Address 1401 20 STREET 1401 20 STREET VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 2*0*05 .005 & State City & State 4. FEI Number Applied For 65-0835435 RO. Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name/ N\ 64 dows MEADOWS, RONALD E II Street Address (P.O. Box Number is Not Acceptable) -1401-20:STREET____ VERO BEACH FL 32960 005 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition ☐ Delete TITLE -TITLE MEADOWS, Romald EII MEADOWS, RONALD E II MAMF NAME 2005 16th AUE 1401 20 STREET STREET ADDRESS STREET ADDRESS VERU BEACH, FI 32960 CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 Change ☐ Addition ☐ Delete TITLE Lott, GARYT 2005 16th AUE LOTT, GARY T NAME NAME 1401 20 STREET STREET ADDRESS STREET ADDRESS VERO BEACH FI J1960 CITY-ST-ZIP VERO BEACH FL 32960 CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition 717LE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter for an an attachment with an extraord or one or trustee empowered.

SIGNATURE:

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| 1 | 7 70 1 70 + 1 1 1+ 1 |
| 3 | To Florida Department of State, |
| 4 | Bloom and Graw Flower Shop |
| | did not receive Trist notice on Bill |
| | We called upon receiving 2 nd Notice |
| 7 | We were told to mail a check |
| 8 | for \$15000. Thank you for not |
| 9 | changing late Fees |
| 10 | 70 0 |
| 11 | Chank you |
| 12 | Carry 7 Lott |
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